

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549514

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		2					53		1				
4		0					54		1				
5		0					55		1				
6		0					56		0				
7		0					57		0				
8		0					58	1					
9		0					59		1				
10		0					60		1				
11	1						61		2				
12		1					62		0				
13		2					63		0				
14		0					64		0				
15		0					65		0				
16		0					66		0				
17		0					67		0				
18		0					68		0				
19		0					69		0				
20		0					70		0				
21		0					71		0				
22		0					72		0				
23		0					73		0				
24		0					74	1		1			
25		0					75		1		1		
26		0					76		0		1		
27		0					77		0		1		
28		0					78		0		1		
29		0					79		0		1		
30		0					80		0		1		
31	1						81		0		1		
32		1					82		0		1		
33		1					83		0		1		
34		1					84		0		1		
35		1					85		0		1		
36		1					86		0		1		
37		1					87		0		1		
38		1					88	1		1			
39		1					89		1		1		
40		1					90		1		1		
41		0					91		1		1		
42		0					92		1		1		
43		0					93	1		1			
44		0					94		1		1		
45		0					95		1		1		
46		0					96		3		1		
47		1					97		3		1		
48		1					98		0		1		
49		1					99		0		1		
50		1					100		0		1		
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	23	←		←
TOTAL CLAIMS							TOTAL CLAIMS			26			